

RECEIVED
U.S. MARSHAL
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
SOUTHERN DISTRICT OF CALIFORNIA

2008 APR 21 A 11:10

UNITED STATES OF AMERICA,

Plaintiff

CRIMINAL NO. 08-mj-8292

vs.

Defendant(s)

ORDER

RELEASING MATERIAL WITNESS

Booking No.

On order of the United States District/Magistrate Judge,

IT IS HEREBY ORDERED that the following named person heretofore committed to the custody of the United States Marshal as a material witness be released from custody: (Bond Posted) (Case Disposed) (Order of Court).

DATED: 11/21/08

JAN M. ADLER

UNITED STATES DISTRICT/MAGISTRATE JUDGE

RECEIVED _____

DUSM

OR

W. SAMUEL HAMRICK, JR. Clerk

by

Deputy Clerk

6549

United States District Court United States of America v. MELVIN ALFARO - 20MGA	FILED Southern District of California 08 APR 21 AM 10:31 Crim. Case No. CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA Magis. Case No. 08m, DEPUTY 8292
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We, NOE ALVARADO (name of surety) and ANDRES VIZCAINO - GALARZA (name of material witness), post this bond and acknowledge we and our personal representatives are bound to pay the United States of America the sum of \$ 5000 and there has been deposited in the Registry of the Court the sum of \$ 500 in cash. This bond is conditioned upon and posted to secure the appearance of material witness ANDRES VIZCAINO - GALARZA to testify as a witness in the case noted above, before the assigned United States Magistrate Judge or District Judge, in the United States District Court for the Southern District of California, at San Diego, California, and at such other places as the material witness may be required to appear in accordance with any and all court orders and directions given or issued by the Magistrate Judge or any District Judge relating to the material witness' appearance in the case noted above, whether the case remains in that district or is transferred to any other district. The appearance bond further secures the above noted material witness' compliance with any court order, including surrendering to the INS.

If the material witness adheres to and performs every condition of this bond, and appears at court as directed or ordered, this bond shall be exonerated, but if the material witness fails to perform any condition of this bond, or fails to appear at court as directed or ordered, payment of this bond shall be due immediately. Any Magistrate Judge or District Judge authorized to preside over the case noted above may declare a forfeiture of this bond if the material witness breaches any condition of this bond. If the bond is forfeited and the forfeiture is not set aside or remitted, a judgment may be entered upon a motion filed in the United States District Court for the Southern District of California against the surety for the amount stated above, with costs and interest added, and execution of the judgment may be issued or payment secured as provided by the Federal Rules of Criminal Procedure and the other laws of the United States.

Material Witness' Signature: Andres Vizcaino G. Surety's Signature: Noe Alvarado V.
Surety's Home Address: 105 Blanchard Ave Santa Paula Ca 93060
Material Witness' U.S. Address: 1190 SIBRPA VISTA, ATWATER, CA 95301

Acknowledgment: The surety noted above signed this bond before me. CARMELENNE M. DIAZ (print name)
of person witnessing surety's signature), on 4-11-08 (date), at Chula Vista CA 91910 (city/state).
My address is: 551 3rd Ave, Ch. CA 91910

Signature Of Person Witnessing Surety's Signature: [Signature]

Dated: 4/11/08

Bond Approved: J. St. Allen

, United States Magistrate Judge or District Judge

AFFIDAVIT BY THE OWNER OF THE CASH SECURITY FOR THIS BOND

I, Noe Alvarado (print name of owner of cash), state that I reside at 405 BLANCHARD AVE, SANTA PAULA, CA 93060, and that I am the owner of the \$ 500 cash deposited in the Registry of the Court as security for this bond. That money is to be returned to me at the address noted here upon the exoneration of this bond.

I consent to subjecting those funds to the Local Court Rules of the United States District Court for the Southern District of California pertaining to bonds, and I consent, upon receiving notice of not less than ten days, to proceeding summarily to the rendering of a judgment against that cash security upon the breach of a condition under this bond or by the contumacy of the material witness.

Dated: 04-11-08

Noe Alvarado U.
Signature of the Owner of the Cash Security

FINANCIAL JUSTIFICATION OF THE SURETY

I, Noe Alvarado (print name of surety), state under penalty of perjury under the laws of the United States of America, that I have a net worth of at least \$ 5000, and that I reside at 405 Blanchard Ave. Santa Paula Ca. 93060

Dated: 04-11-08

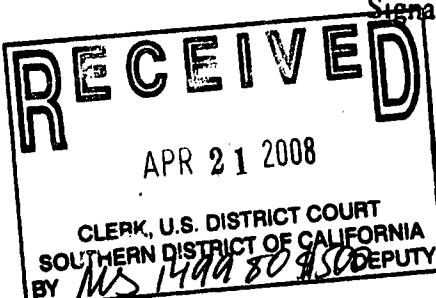
Noe Alvarado U.
Signature of the Surety

SURETY AGREEMENT

I understand by signing this bond I will be responsible for the material witness' appearance in court and for his or her compliance with any and all conditions of the release and orders as directed by the court. If the material witness does not appear in court as ordered or comply with the conditions of the release and any court orders, I will be required to pay the full amount of the bond, and any cash security I posted with the court may be taken by the United States Government to partially satisfy the obligation of this bond, and a judgment may be entered against me for the full amount of the bond.

Dated: 04-11-08

Noe Alvarado U.
Signature of the Surety



CASE INFORMATION

Case Name: U.S. v. ALFARO-ZUMORA
AUSA Name: DOUGLA KEBHA
Case Agent: _____

Case No. 08mj 8292
AUSA Telephone: 557-6549
Agency: _____

INFORMATION ABOUT THE MATERIAL WITNESS

Name: ANDRES VIZCAINO - GALARZA A-Number: UNKNOWN
Date of Birth: 12/9/77 Immigration Status: UNDOCUMENTED
Foreign Address: MEXICO
Did The Material Witness Sign An I-826? _____ Relationship to Defendant: _____

PERSON MATERIAL WITNESS WILL RESIDE WITH DURING PENDENCY OF THE CASE

Name: SEÑOR VIZCAINO - RODRIGUEZ Relationship to Witness: FATHER
Home Address: 1110 SIERRA VISTA, ST., ATWATER, CA 95301
Business Address: _____
Home Telephone: (209) 358-2586 Business Telephone: _____

RELATIVE OF THE MATERIAL WITNESS RESIDING IN THE U.S.

Name: SAME AS ABOVE Relationship to Witness: _____
Home Address: _____
Business Address: _____
Home Telephone: _____ Business Telephone: _____

ATTORNEY FOR THE MATERIAL WITNESS

Name: CIRIO HERNANDEZ Tel: (619) 266-0389 Fax: (619) 501-2493
Address: SSL THIRD AVE. CHULA VISTA, CA 91910

INFORMATION ABOUT THE SURETY

Name: ROB ALVARADO Relationship to Witness: FRIEND
Immigration Status: CITIZEN Relationship to Defendant: _____
Home Address: 405 BLANCHARD AVE., SANTA PAULA, CA 93060
Business Address: _____
Home Telephone: (805) 933-0804 Business Telephone: _____

Does The Surety Have An Immigration Record (if so, the charges): _____
Does The Surety Have A Criminal Record (if so, the charges): _____

FOR INS USE ONLY

1. MATERIAL WITNESS SURRENDERED FAILED TO APPEAR
2. _____ Signature _____ Date _____

149 414 3734 6
NOE ALVARADO
405 BLANCHARD AVE
SANTA PAULA CA 93060-1508

and info on back of bill

24-Hour Service and Info:

(800) 427-2200 (English)

(800) 342-4545 (Español)

P.O. Box C
Monterey Park, CA 91756
www.socalgas.com

Date Mailed: Apr 08, 2008

Rate GRL	Climate Zone 1	Cycle 03	The Gas Company's Gas Commodity Charges per therm \$0.76598/Therm	
Billing Period From 03/06/08	Meter Number 08278215	Readings Prev. 3653	Difference =CCF 41	Billing Factor x 1.049 = 43

Summary of Charges	CARE Discount Applied	Amount
Customer Charge	29 Days	$0.13151 = \$3.81$
CARE Baseline	43 Therms	$0.96186 = 41.36$
Gas Charges		45.17
State Regulatory Fee	43 Therms	$0.00068 = 0.03$
CARE Public Purpose Surcharge	43 Therms	$0.02695 = 1.16$
Taxes & Fees on Gas Charges		1.19
Total Gas Charges Including Taxes and Fees		46.36

Last Payment: Mar 31 2008	70.86	Total Current Gas Charges	46.36
		Previous Balance	40.28C
		Total Amount Due	6.08
		Current Amount Past Due if not paid by Apr 28 2008	

Our records show this gas meter serves a one-family home. If the type of service or actual number of units is different, call us at the telephone number shown above.

This bill reflects modified gas charges due to a rate change.

Planning to dig in your yard or construction site? Stay safe. Call Underground Service Alert at 8-1-1 at least two business days before you dig.

Energy Comparison	This Year Days	Therms	Daily Average	Last Year Days	Therms	Daily Average
Apr	29	43	1.48	29	34	1.17
Mar	30	33	1.10	30	56	1.87
Feb	32	47	1.47	32	48 E	1.50

Date Mailed
Apr 08, 2008

Please bring entire bill if payment is made in person or return stub with your payment by mail.

03 4764 0501
S

Total Amount Due
\$6.08
Please Pay
By 04/28/08

Save paper & postage: Pay online at www.socalgas.com

Make Payment To:

4057.10.332.81678 1 AV 0.312 oz 0.780
NOE ALVARADO

The Gas Company
P O Box C
Mont Pk Ca 91756

405 BLANCHARD AVE
SANTA PAULA CA 93060-1505

Your Account Number
149 414 3734 6

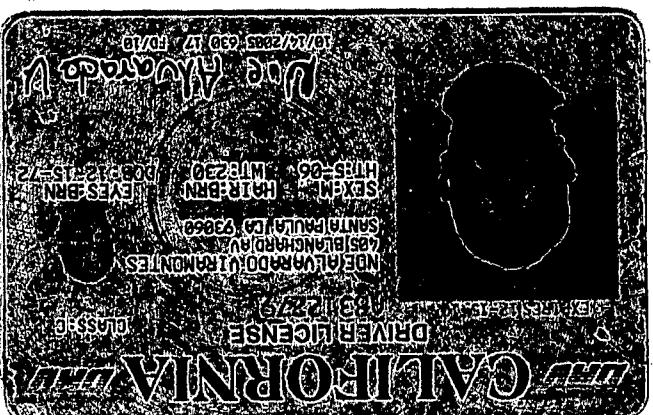
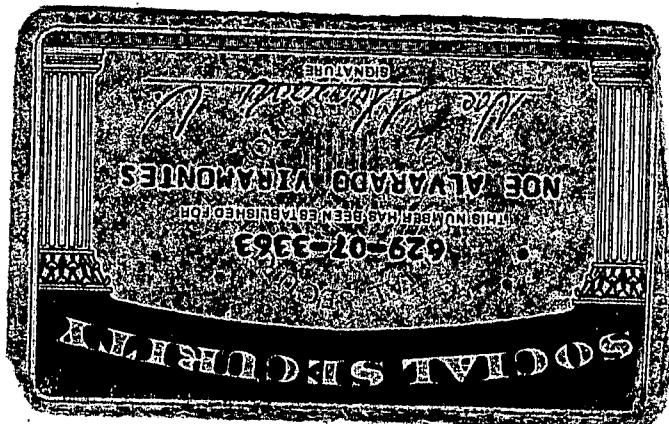


HOURS		RATE	REGULAR EARNINGS	OVERTIME EARNINGS	OTHER PAY			GROSS	PERIOD ENDING
REGULAR	OVERTIME				UNITS	RATE	AMOUNT		
41	00							871.00	03/21/2008
DEDUCTIONS									
F.I.C.A.	FED. W/H	STATE W/H		SDI					CONTROL NUMBER
54.00	78.83	24.35		6.97					922
MEDICARE	401 K								TOTAL DEDUCTION
12.63	43.55								220.3
EMPLOYEE'S NAME AND SOC. SEC. NO.									
41)	3363								NET PAY
E A VIRAMONTES									
									650.6

ALL COAST CONSTRUCTION SPECIALISTS, INC.

152372

HOURS		RATE	REGULAR EARNINGS	OVERTIME EARNINGS	OTHER PAY			GROSS	PERIOD ENDING
REGULAR	OVERTIME				UNITS	RATE	AMOUNT		
41	00							974.00	03/14/2008
DEDUCTIONS									
F.I.C.A.	FED. W/H	STATE W/H		SDI					CONTROL NUMBER
60.39	100.54	32.17		7.79					871
MEDICARE	401 K								TOTAL DEDUCTION
14.12	48.70								263.7
EMPLOYEE'S NAME AND SOC. SEC. NO.									
41)	3363								NET PAY
E A VIRAMONTES									
									710.2



Form 1040 U.S. Individual Income Tax Return 2007			
Department of the Treasury - Internal Revenue Service For the year Jan. 1-Dec. 31, 2007, or earlier for year beginning _____, ending _____ Last name NOE First name ALVARADO Middle name Z Your social security number 629-07-3363 <small>(See instructions on page 12.)</small>			
<small>Use the lines below to list dependents. If you have a P.O. box, see page 12.</small> Last name MARIA D First name ALVARADO Middle name Your social security number 622-61-4652 <small>(Name address (number and street). If you have a P.O. box, see page 12.)</small> Last name 405 BLANCHARD AVE First name Middle name <small>(City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.)</small> Last name SANTA PAULA First name CA Middle name 93061 <small>Presidential Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12)</small> <small>► [] You [] Spouse</small>			
<small>Check only one box.</small> Filing Status <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately. Enter spouse's SSN above (see line 1) <small>► 4. Head of household (with qualifying person). (See page 13.) If the qualifying person is a child that not your dependent, enter this child's name here.</small>			
<small>► 5. Qualifying widow(er) with dependent child (see page 14)</small> Exemptions <small>► 6a. <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.</small> <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent 2 <small>If more than one dependent, see page 15.</small> <small>► 6b. <input checked="" type="checkbox"/> Spouse. <input type="checkbox"/> Dependents: <input type="checkbox"/> Dependent's social security number <input type="checkbox"/> Dependent's relationship to you <input type="checkbox"/> Qualifying child for child tax credit (see page 15) 2 <small>(1) Last name ZAYRA BAUTISTA Social security number 626-04-1025 Relationship DAUGHTER Child tax credit X <small>(2) Last name LYNN BAUTISTA Social security number 614-19-1820 Relationship DAUGHTER Child tax credit X</small> <small>► 6c. Total number of exemptions claimed 2</small> <small>► 7. Wages, salaries, tips, etc. Attach Form(s) W-2 51,956</small> Income <small>► 8a. Taxable interest. Attach Schedule B if required 526 <small>► 8b. Tax-exempt interest. Do not include on line 8a 6b <small>► 9a. Ordinary dividends. Attach Schedule D if required 6a <small>► 9b. Qualified dividends (see page 11) 9b <small>► 10. Examinable refunds, credits, or offsets of state and local income taxes (see page 20) 10 1,975 <small>► 11. Alimony received 11 <small>► 12. Business income or (loss). Attach Schedule C or C-PZ 12 <small>► 13. Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 <small>► 14. Other gains or (losses). Attach Form 4797 14 <small>► 15a. IRA distributions 15a b. Taxable amount (see page 21) 15b <small>► 16a. Pensions and annuities 16a b. Taxable amount (see page 22) 16b <small>► 17. Rental real estate, royalties, partnerships, corporations, trusts, etc. Attach Schedule E 17 <small>► 18. Farm income or (loss). Attach Schedule F 18 <small>► 19. Unemployment compensation 19 <small>► 20a. Social security benefits 20a b. Taxable amount (see page 24) 20b <small>► 21. Other income 21</small> <small>► 22. Add the amounts in the far right column for lines 7 through 21. This is your total income 53,931</small> Adjusted Gross Income <small>► 23. Educator expenses (see page 26) 23 <small>► 24. Certain business expenses of researchers, performing artists, and ice boat equipment racers. Attach Form 2106 or 2106-EZ 24 <small>► 25. Health savings account deduction. Attach Form 8889 25 <small>► 26. Moving expenses. Attach Form 3903 26 <small>► 27. One-half of self-employment tax. Attach Schedule SE 27 <small>► 28. Self-employed SEP, SIMPLE, and qualified plans 28 <small>► 29. Self-employed health insurance deduction (see page 20) 29 <small>► 30. Penalty on early withdrawal of savings 30 <small>► 31a. Alimony paid. b. Recipient's SSN 31a <small>► 32. IRA deduction (see page 27) 32 <small>► 33. Student loan interest deduction (see page 30) 33 <small>► 34. Tuition and fees deduction. Attach Form 8917 34 <small>► 35. Domestic production activities deduction. Attach Form 8803 35 <small>► 36. Add lines 23 through 31a and 32 through 35 36 <small>► 37. Subtract line 36 from line 22. This is your adjusted gross income 53,931</small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small></small>			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 63.

Form 1040

(Rev. 12-07)